

Thank you for registering for the Revolution Softball Camp at
(Avon Old Farms School – Avon, CT)

We're looking forward to seeing you at camp this summer! We hope that this camp will be an unforgettable and exciting experience for you to improve your skills and work with some of the top coaches from across the country!

Please read the packet below as this information is extremely important. Feel free to call us with any questions at 800.944.7112 or email us at support@SummerSoftballCamp.com. This packet can be downloaded at www.SummerSoftballCamp.com under "Download Forms".

Check-In: Day & Extended Day Campers

Check in will be from 12:30pm-1PM on Sunday July 16th at the patio of the student center near Jamerson Dormitory. I would urge to show up more towards 1pm. Please have the camper dressed and ready to play. Day Campers are to be picked up at 4pm daily. Extended Day campers are to be picked up at 8:30pm

Check-In: Overnight Campers

Check in will be from 12:00pm-1pm on Sunday July 16th at the patio of the student center near Jamerson Dormitory. Please have the camper dressed and ready to play.

Check Out

All Campers will check out at **12 PM** Wednesday July 19th at the Softball Field. Check out will occur immediately after the closing ceremony at the Field.

Camp Address

Avon Old Farms School
500 Old Farms Rd
Avon CT 06001

Camp Phone Number

Revolution Softball Camp Office: 800.944.7112
Director: Jen Russell: 203.736.4434

Health Form

IMPORTANT! Campers will not be admitted to camp without this form! adidas Tennis Camp Health Form. Please fill out and **bring to check in on the 1st day of camp.**

Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the

camp! They can register over the phone or online at www.SummerSoftballCamp.com

Health & Safety

We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are strictly forbidden, and will result in immediate dismissal from camp without a refund.

Key Deposit (For Overnight Campers Only)

The School does not requires a **key deposit** .

Transportation

Revolution Softball Camps is unable to provide transportation from airports, train stations or bus stops.

Payments

Final Payments are due in our office by **May 15th**. If you have a balance and would like us to charge it to your credit card, please call us at 800.944.7112.

Cancellation Policy

A camp credit will be issued to any camper who must cancel prior to camp. The credit will be for the amount paid by the camper minus the registration fee. It is transferable to another family member and is good through the following summer. Any cancellation within 5 days of the start of camp will result in a camp credit minus \$100 cancellation fee. Camp Credits are not extended to campers who leave camp after the start of a session. CASH/CREDIT CARD REFUNDS ARE NOT OFFERED UNDER ANY CIRCUMSTANCE.

Packing List

- Health Form
- Glove, Bat, Helmet, Cleats, Catchers Gear (if Catcher)
- Water Bottle
- Sneakers
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas (overnight Only)
- Bedding Linens (overnight Only)
- Blanket/Sleeping Bag (overnight Only)
- Pillow (overnight Only)
- Shower Towel (overnight Only)
- Toiletries (overnight Only)
- Alarm Clock (overnight Only)
- Sunscreen
- Spending Money – we recommend bringing no more than \$50 (overnight Only)
- Key Deposit Check – made out to “Revolution Softball Camps” (overnight Only)
- Bathing Suit & towel TBD
- Hat
- NO TANK TOPS
- Sliding Pads
- Flip Flops/Shower Shoes

Spending Money and other Valuables

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place. We also try to discourage campers from bringing electronic devices such as iPods and laptop computers. The Revolution Softball Camps are not responsible for the theft or loss of personal items. Please keep cell phones in rooms. They are not to be used during time on the softball field.

Directions To Avon

From Boston

Take the Massachusetts Turnpike west to Exit 9 (Sturbridge). Follow Interstate 84 through Hartford to Exit 39, Farmington/Route 4 (not 39A, which precedes 39).

**Continue straight through the first traffic light. You will be on Route 4 West. At second light (in center of Farmington). Turn right onto Route 10 North (Waterville Road). Continue 3.2 miles. Turn left at traffic light onto Old Farms Road. After traveling 1.5 miles, you will come to an intersection; bear right at the "Y" and continue for 50 yards. Turn right into the main entrance of the School at the Avon Old Farms School sign. Follow signs for Visitor Parking & Admissions Office.

From New York (WEST SIDE):

Take the Hutchinson River Parkway to I-684. Take I-84 East through Danbury and Waterbury. Take Exit 39, Farmington/Route 4, which is a left exit. Proceed as above. **

From New York (EAST SIDE):

Take I-95 North to New Haven, then I-91 North toward Hartford. From I-91 take Exit 22 to Route 9 North (in the Cromwell/Middletown area). Continue on Route 9 North until the end. Highway will fork; bear left onto I-84 West (Waterbury) take Exit 39 (Farmington) and proceed as above. **

From Bradley International Airport:

Take Route 20 West through East Granby to Granby. At Granby center (5-way intersection at traffic light) turn left onto Routes 10 and 202 South. Follow Rts 10/202 through Simsbury to Avon (approximately 10 miles). At the intersection with Route 44, continue straight across onto Old Farms Road. Proceed 2.5 miles and turn left into the main entrance of the school. Follow signs for Visitor Parking & Admissions Office.

From Points North of Hartford

Take I-91 South to Exit 40 and follow directions, as above, from Bradley International Airport.

Campus Map <http://www.avonoldfarms.com/page.cfm?p=15>

Revolution Softball Camps Health Record and Release Form

Every camper must have this health record filled out for camp and brought to camp check-in. Camps held in the following states require this form to be completed and signed by a physician before your child can participate at summer camp (for camps in CT, MA, NY).

PLEASE DO NOT MAIL AHEAD.

Camp Attending: _____

Name: _____
Last First M.I.

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Cell): _____

Phone (Work): _____

Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Cell): _____

Health History

____ May Participate in all camp activities

____ May participate except for _____

Does this individual have allergies? YES NO

Explain: _____

Is this individual on a special diet? YES NO

Explain: _____

Does the individual have special needs? YES NO

Explain: _____

I have examined the above camper within the past two years.

Date Examined _____

Physician's Signature _____

Physician's Name _____

Today's Date _____

Address _____

Phone _____

Immunization History (Please List Dates)

Copy of Immunization Record Preferable.

DPT _____ Booster _____

DT _____

Polio OPV (Sabin) _____ Booster _____

Measles/Mumps/Rubella (MMR) #1 _____ #2 _____

Hepatitis B #1 _____ #2 _____ #3 _____

Chickenpox _____

Tetanus _____

Tuberculin _____

Pneumococcal Conjugate _____

Haemophilus Influenza b (HIB) _____

Insurance Information

Health Insurance Provider: _____

Policy/ID Number _____

Policy Holder's Name & DOB _____

Insurance Provider Contact: Phone _____

Mailing Address _____

Please include a photocopy of your Health Insurance card for our records.

Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to participate in all activities except as noted. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release the Revolution Softball Camps, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature _____ Date _____

NOTE All medication will be checked and kept by the trainer. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescribers authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY. **The Administration of Medication Form must accompany all medication for camps in CT.** This form is available for download on www.SummerSoftballCamp.com.